No. 1 σź 0

PLACE OF DEATH . County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 63
Village or City Choptank (No	St: Ward) St: Ward) a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single. Male White OR DIVORCED (Write the word)	16 DATE OF DEATH Office SPOK, 1981 (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERRIFY, That I attended the degrased from Office 27, 1921, to Office 29, 1921, that I last saw hamalive on Office 29, 1921,
7 AGE 52 yrs. 5 mos. 23 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cortie regurgitation of heart
9 BIRTHPLACE (State or country) Mary land 10 NAME OF FATHER () went & Blades	Contributory Secondary Secondary (Signed) Contributory Secondary Contributory Co
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chodal Foundary 13 BIRTHPLACE OF MOTHER (State or Country). Mary Land	At place of death yrs
(Informant) Harry B Smith	in not at place of dea.h? Former or usual residence
(Address) Hurlock, Md.	Choptank, Md. May 2, , , 31
Filed April 30. 1935. Aska B. Registras	& C.w. adams Bre
in more status are needed, address crate negatives	R.D. Tederalsburg md

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scream, Cook Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthreport specifically the occupations of persons en-Foreman, For many occupations a yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." approved and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 = 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04381
infor- state	1. PLACE OF DEATH	(Ira)
	County Caroline	Registration Dist. No. 10
should of OCC	Village or City L'eder alblurg,	NoSt., Wa
/= 0		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
CORD. Every PHYSICIANS	2. FULL NAME Frank & Bradle	in Ore.
SIC. Fate	(a) Residence: No. Leder als rung Md	St. Ward.
PHY ct st	(Usuai place of abode)	If nonresident give city or town and State
RECO F. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
TY .	Trale, Write OR DIVORCED (write the word) Surgle.	Month) (Day) (Year)
BINDING FRMANEN EXACTI y classified te.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased at 13/1 1/2/2/2/3/3/3/3/2/2/2/2/2/2/2/2/2/2/2/2/
SENE.	6. DATE OF BIRTH (month, day, and year) Quly, 30" 1917	Has saw h/ M) alive on Chy 8 193/ death is
	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 7-H & H.m.
FOR IS A I stated properlectifical	13 8 8 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, School Subil	Belalua Bunch
RESERVED G INK—THIS GE should be that it may be on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Amuma Allem
RESE VG INF AGE sh that it ons on	1D. Date deceased last worked at this occupation (month end year)	Su Trypul-
2 4 - 9	12. BIRTHPLACE (city or town) - Seder als love . (State or country) - Leveryland.	Dther Contributory Carres of importance
MARGIN UNFADI supplied. n terms, so ee instruct	# 13. NAME Frank S. Bradley-	
o that	14. BIRTHPLACE (city or town) Shorthours.	Name of operation Date of Date of
. =	(State of County)	Whet test confirmed diegnosis? Was there an au opsy?
WITTI efully in pla ant.	15. MAIDEN NAME Bessie Rook	23. if death was due to external causes (VIOLENCE) fill in also the following:
car Orta	15. MAIDEN NAME Bessie Rock 16. BIRTHPLACE (city or town) Cambridge. (State or country)	Accident, suicide, or homicide?, 19, 19
PLAINLY, WI nould be careful or DEATH in prery important.	17. INFORMANT Frank S. Bradley.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) L'eder abrurg Mil. 18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
	Place L'ederal Surg, Ind Date Oft. 10", 1931	- Nature of injury
-WRITE mation s CAUSE TION is	49. UNDERTAKER Julianuflour & Sou	24. Wes disease or injury in any way related to occupation of deceased?
S. No.	(Address) Fiederal Preva Mid.	If so, specify (Signed)
zi zi	20. FILED M. 9 , 1931 Profamilione Registrar.	(Signed) A. J. J. Charles My January 1997
	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis 11.3	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF	DEATH
County Lear	elul

04353

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	Ø

	Registration Dist. No.
Village or City / Secelary (No.	St: Ward) (If death occurred in a hospitul er institution, give its NAME in
2FULL NAME Del Jack Dely	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 HINGLE, MARRIED, WIDOWED CR DIVORCED (Write the word)	16 DATE OF DEATH (Month)— (Day) (Year)
6 DATE OF BIRTH (A)200, 01- , 195)	17 I HEREBY CERTIFY, That I attended the decessed from
7 AGE (Month) (Day) (Year lift LESS than liday	The CAUSE OF DEATH? was as follows:
yrade. ormin.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Subra Hemorely - Buth Duying (Duration) yra mos do
9 BIRTHPLACE (State or country)	Contributory Secondary A (Duration) mos. de
10 NAME OF FATHER CARRELL Bright	(Signed) Starl Mush M. D. Mil V 1924 (Address) Durling his
OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDENNAME OF MOTHEMALE 18 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Translents or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death
(Informant) Carrall Bright	Former or usual residence
(Address) Deutafr	Decelar Geene Apr. 24, 193
Filed 4-2 13/ Br. 46 George Registral	20 UNDERTAKER Decon Jacobs

If more blanks are needed, addross State Registrar, 16 %. Saratoga st., Balto., Requesting V. S. No. 1.

No. 1 vi WRITE PLA

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile feelory. The the first line will be sufficient, a g. . I crmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health. state occupation at beginning efillness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et. But in many Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician. Housemaid, etc. If the occupation has been changed etr., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day specifically the occupations of Compositor, Architect, For persons who have no occupation Laborer-Coul mine, etc. Wom-Locomotive As examples : (a) (b) persons The quesmaterial engincer, Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; "obbar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease "(Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skell, and consequences (e.g., sepsis, tclanus) may be stated under the head of "contributory" tions, such as "Asthenia," "Annemia" (merely symptom-(secondary or intercurrent) affection need not contained intercurrent. Example: Measles (disease Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably smaide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage cough; Chronic etc. The contributory valvular heart Measles,

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BUREAU

V S No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Clusters	Registration Dist. No. 64
Village or City tederelchy (No	St: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED OR DIVORCED (Write the world)	16 DATE OF DEATH 46, 183/
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on William , 192 ,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or cetablishment in	(Durstion) vis. mos. ds.
9 BIRTHPLACE (State or country) Carolin Co M	Contributory Secondary (Durstion) mosds.
10 NAME OF FATHER WILLE Brelin	(Signed) MD. Helerslelling St.
OF FATHER (State or country) 12 Malden Name 12 Malden Name	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jeal Carrylan 13 BIRTHPLACE	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsiente or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Lyzie Carrion	Former or usual residence PATE OF BURIAL RATE OF BURIAL
(Address) / Federalchy	Federalsburg, trid Opr. 7", 1031
Filed Olar 7" 1931 Registras	11. L'ramiton & Sou, Federalsturg
lf more b.anks are needed, addre.s tate Negistran	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., Wilnow Laborer Laborer -Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (netired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the -Coal mine, etc. Wom-Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menin_itis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is looked over thoroughly and all questions permanently filed. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(E.haustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainas fracture of skull, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If more lanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-L		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis TORESTORES.	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	Indy 5, 1927	Peritonitis	3 days ago	
	73			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN

of street and

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning cfillness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid L'ausekeepers who receive a en at home, who are engaged in the laborer, Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Doy (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile fectory. The Laborer-Coal mine, etc. Wom-Locomotive engineer, duties of the material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meosles, inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases causing Chronic interstitial nephritis, American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumoniu (secondary) resulting from childbirth or miscarriage as cough; "Marasmus," "Old Age," "Shock, Chronic Carcinoma, Sarcoma,, etc., et affection need not be etc. The contributory valvular heart disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

BINDIN

MARGIN RESERVED FOR

WRITE PLA

S. No. 1

PLACE OF DEATH County Caroline

04356

STATE OF MARYLAND CERTIFICATE OF DEATH

	D.	Registration Dist. No.
Village or Ciry	LL NAME Tha Elec	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSOI	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the werd)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIR	(Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from Ayr 14 1930 to Ayr 25 , 1931, that I last saw h & alive on Ayr. 25 , 1931.
7 AGE	[If LESS than	and that death occured on the date stated above, at
	60 yrs. 3 mos. 10 ds or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, pr	ofeeeign or	Striptorous Leptreening.
(b) General n	and of work when the state of industry setablishment in yed or (employer)	Collowing tons Office. (Duration) yrs. mos 4 ds.
9 BIRTHPLACE (State or ce	untry) Secur-	Contributory Secondary (Duration) yrs mos ds.
10 NAME C FATHER	William Fichard	(Signed) July Durth M. D.
OF FATH	Fer country)	*State the Disrase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTE	HER / Zasaua	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Transients or Recent Residents)
OF MOTH	r country)	At place In the of death yrs mos. ds. State yrs ds.
14 THE ABOVE	IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant	ma Paul Ho Duca	usual readence
	ess) Bidgley	Meleusbord Luca akt 28 19 3/
15 Filed as	1 27 1931 & Davies	20 UNDERTAKED ADDRESS Leulou

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wir. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Coak ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." 'Teal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foremun, Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The material Loborer-Coal mine, etc. Locomolive engineer, (6) persons en-Grovery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); I shar pneumonia. Bronchopneumonia ("Pneumonia");

"('Exhaustion,') "('Heart Innure, ') "Old Age, ') "(Shock,') "(Inanition,') "('Marasmus,') "(Old Age, ') "(Shock,') "(Uraemia,') "(Weakness,') etc., when a definite disease "(Uraemia,') "(Uraem as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, stated unless important. Example: Measles (disease curbolic acid-probably smeide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. Foll VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Committee on Nomenclature of the Chronic Carcinoma, etc. The contributory affection valvular heart Sarcoma,, need disease; Measles; not etc., of

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STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City BidgEley (No	Registration Dist. No. 66 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, Dingle WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OF . 132, 1923/ Month)—(Day) (Year)
S DATE OF BIRTH Occ. 6-2, 1908 (Month) (Day) (Year)	that I last saw him alive on april 13, 1931
7 AGE IfLESS that	and that death occured on the date stated above, et & a, m
22 yrs. 4 mos. 9 ds or min.	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Probably - Cerebro Sprint Meningilis. Organism amknown & cougop mos 1 de
10 NAME OF Mary Rand	Contributory Secondary (Duration) (Signed) (Signed) M. D
FATHER II BIRTHPLACE OF FATHER (State or country) Sew Tork	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Quie Bechte	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residente)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deeth yrs mos, ds. State yrs de
(Information (Address) (Address)	Former or usual residence
15 21.11 1 1 XX 0000	20 UNDERTAKER ADDRESS

Registra

If more blanks are needed, address State Registrar, 16/

W. Saratoga W., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As cramples: 'a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; is nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as For persons who have no occupation (b) Automobile factory. The materia Architect, Locomotive engineer, But in many (b) Growry, Wom-

Stritement of Cause of Death—Name, first, the premase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebropinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

> "(Exhaustion," "Heart lange," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "PUERPERAL septicacania," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sepsas, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, cough; or intercurrent) Chronic etc. The contributory affection valvular heart disease; Nomenclature of the necd Measles not be etc., of

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MAY 4 1931. BUREAU V.

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- to	PLACE OF DEATH	04358	STATE OF	MARYLAND
PHYSI- Exact	County Carolins	(3)	CERTIFICATE	OF DEATH
T CORD ted EXACTLY, sperly classified	Village or City Redgely (No	rogan-	RegistrationSt.:Ward	
- 0001	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
d be str y be pr ack of	May White Widowed. Duy & OR DIVORCED OR DIVORCED	16 DATE OF DEATH	april	/5 , 134/
PERMAN, should be it may be son back	6 DATE OF BIRTH			tended the deceased from
w	(Month) (Day) (Year)	that I last saw h	alive on	, 192
S I S I so ruc	7 AGE The Ben Iday hrs. yrs. mos. ds or min.	The CAUSE OF DEAT	ed on the date stated TH * was as follows:	above, atm
. 10	B OCCUPATION (a) Trade, profession or	the	Born	
7 3 1	particular kind of work (b) General nature of industry business, or establishment in		(Duration)	yrs vaos de
NFADING IN the plant of the pla	OF MOTHER IN TO WELL	Contributory Secondary	2	
Ould OF DE		(Signed) Much	Of Olivery (Address) Au	M. D
on s		*State the D Violent Caus s, at Accidental, Suicidal	iscase Causing Death	, or, in deaths from njury and (2) whether
rmati			SIDENCE (For Hosp	itals, Institutions, Trans
Information occupa		At place of death yrs		e itey18,da
- 0 = F	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deat Former or ususl residence	h?	
N N N N N N N N N N N N N N N N N N N	(Informant) Mrs Elizabelly Magnyced (Address) Ridgely	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
Ever CIAI state	15 (1-19 210 104	20 UNDERTAKERY .	7.	ADDRESS

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balo., Registing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, liouseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peul-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on ijrs). Farm loborer, Laborer-Coal mine, etc. without more precise specification as Day 6 Stationary fireman, etc. For persons who have no occupation Automobile factory. The muterial Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinhl fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

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"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonacum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; zvoid telanus) may be stated under the head of "contributory. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepres, carbolic acid-probably suicide. The nature of the injury, assident; Revolver wound of head -hamicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, or intercurrent) affection need not be cough; Chronic etc. valvular heart discase; The contributory " "Shock,"

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PLACE OF DEATH	STATE OF MARYLAND
County Caralie	CERTIFICATE OF DEATH
	Registration Dist. No. 68
Village or City Relageley (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in-
2 FULL NAME Carolyw M	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEAR
S DATE OF BIRTH Ouc. 393, 1893 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I awanded the deceased from Castril 12 192 1 to Will 13 193 1. That I last saw here alive on the walk 12 183 1.
Jage If LESS than I day hrs. or min.?	and that double occured on the date stated above, at 3.4 4 a.m. The CAUSE OF DEATH * Was at follows: Oute parenchymotogy appropriate the content of the co
B OCCUPATION (a) Trade, profession or particular kind of work (A) Construction of industry	Just Cad poponil coma
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Service 3 do.
9 BIRTHPLACE (State or country) Mass lavel.	Contributory Secondary Secondary Question) 38 yrs. mos. de.
10 NAME OF Steurs Maricha	(Signed) 13. M. Brisave M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Caraly Sleveus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) mes Juanella.	Former or usual residence
(Address) Rifgle	Hillabord Course apr/ 15, 19 3/
Filed apr 14131 Jackson Registral	Likel Moor Declan
If more banks are needed, address State Registrac	W. Saratoga St., Balto., Requesting V. S. No. 1,

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); obar pucunonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH

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PLACE OF DEATH STATE OF MARYLAND County Caroline CERTIFICATE OF DEATH classified. Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give its NAME in-stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED MANUE WIDOWED. OR DIVORCED (Write the word) may bad (Month) (Day) I HEREBY CERTIFY. That I attended the deceas 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer). mpor Contributory H 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF DO (Signed) OF FATHER 11 BIRTHPLACE RENTS OF FATHER the Disease Causing Death, or, In deaths from CAUSI state (1) Means of Injury and Violent Causes, (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER Inform d state ients or Recent Residents) 13 BIRTHPLACE At place of death _____yrs.____mos.____ds. In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?.... 30 shoi Every Item CIANS sho statement Former or usual residence DATE OF BURIAL (Address) 20 UNDERTAL DRESS Registrar If more bianks are needed, address State Registrar, 16/W. Saratoga St., Balto., Requesting V. S. No. Y.

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MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DEE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accopted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All to dath is essential and must be obtained before the certificate

permanently filed.

mapproved by Committee on Nomenclature American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure, Haemorrange, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railray trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, (name origin; "Caneer" is less definite; avoid this certificate is looked over thoroughly and all questions "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; or intercurrent) affection need not be use important. Example: Measles (disease Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

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-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
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BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-		

	PLACE OF DEATH County Paroline	2		MARYLAND E OF DEATH Dist. No. 63
Vil	lage or City lear Seston	(No	St.: War	d) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 S	WI OR	NGLE. RRIED. DOWED. DIVORCED S ingle rite the word)	16 DATE OF DEATH (Month)	7 , 192 /(Day) (Year)
6 0	J une (Month)	12 , 1916 (Day) (Year)	that I last saw hat alive on	4 . //
		If LESS than I day hrs. or min.?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	
11	a) Trade, profession or particular kind of work	Housework		
b	b) General nature of induatry visiness, or eatablishment in which employed or (employer)		(Duration)	- 12 de.
9 8	BIRTHPLACE (State or country) Ma	ryland	Contributory Secondary (Direction)	
	10 NAME OF FATHER JAS. E. S.	mith	(Signed) Jayrand Maga	Median MID.
ENTS		ginia	*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) Whether
AR	of MOTHER Georganna Foster		18 LENGTH OF RESIDENCE (For Hos	
	V 23	inia	At place of death	he tateyrsmosds,
14	THE ABOVE IS TRUE TO THE BEST OF		if not at place of death?	
	(Informant) Georganna S (Address) Presto	mith n, Maryland	19 PLACE OF BURIAL OR REMOVAL Nr. Pleasant	DATE OF BURIAL 4/9/37 19
15	abole will he	ca B Hear	20 UNDERTAKER	ADDRESS Md

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositar, Architect, Locomotive engineer, whatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation -Precise statement of oc-As examples: (a) 6 material Grocery;

Statement of Cause of Death—Name, first, the bis-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis, inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic nt) affection need, not be Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH

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stration	Dist.	No.	0		

PLACE OF DEATH	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH Registration Dist. No. 62
Village or City Veels (No. 2FULL NAME Jalen Piche	St.: Ward) (If death occurred in a hespital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw has alive on affect 36 192
7 AGE If LESS than I day hrs. or min.?	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary (Duration) yrs da
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or eountry) 13 BIRTHPLACE OF MOTHER (State or eountry)	(Signed) (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the Of death yrs
(Informant) (Address) (Add	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS
If more banks are needed, address State Registrar,	16 W. Saratogo St., Bulton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; in nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reer given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Feelcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Physician, Compositor, Architect, r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Salesman. Locomotive engineer, (6) Greens Wom-Day

Statement of Cause of Death—Name, first, the like MASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. as fracture of skull, and consequences (e.g., sepsis, letunus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvulur heart disease; Sarcoma, etc., or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A.I the data is essential and must be obtained before the certificate is permahently filed.

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PHYSICIANS should state mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH ()4394
1. PLACE OF DEATH	(130)
County Caroline	Registration Dist. No. 43
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary 6. Daylor	
(a) Residence: No. Preston Mod (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH 29 (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert P. Jaylor.	1 HEREBY CERTIEY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw her aliva on march 29 131; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at 12.30 Pm.
93 3 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House-work	Parric Jularstial about
9. Industry or business in which work was done, as SILK MILL,	1 3week
SAW MILL, BANK, etc. 11. Total time (years)	neligites with
this occupation (month and spant in this year)	general droppy
	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Sombete
# 13. NAME Madison Williams	
E	Name of operation Zuune Data of
(Stata or country)	What test confirmed diagnosis? Was there an aulopsy? 200
15. MAIDEN NAME Down Poole	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Poole 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) Mary Laud.	Whera did injury occur?
17. INFORMANT UNS bradison Charles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place D'eder allo bring, Mid, Date May 1 , 1931	Nature of injury
19. UNDERTAKER Jatinaculton & Son. (Address) Freder alstring. Und	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 4.30- 1936 Chas B. Harris or	(Signed) Proston hd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

R.	kample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
		19		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	CORD	build be carefully supplied. ACE should be stated EXACTLY, PHYSI- DE DEATH in plain terms so that it may be properly classified. Exact
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STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No.
Village or City Jederals Purg, (No. R. J. 1)	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME addie Gray &	tion, give its NAME is stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale, White Single, Married, Wildowed, Worde (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mar 2/193/ to april 6, 192/ that I last saw her alive on april 6, 192/
7 AGE If LESS than I day hrs. hrs. or min.?	
(b) General nature of industry pusiness, or establishment in which employed or (employer)	(Duration) yrs. 2 mos. ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER COMMES D. BOSKEY.	Contributory Secondary (Duration) (Signed)
OF FATHER (State or country) 12 MAIDEN NAME Q 12 MAIDEN NAME Q	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Lydia 6, Wought, 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos, ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Informant) ACCON AL POLITICA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Address) J'ederalsturg Tud. K.J. 1) 15 Registrar

20 UNDERTAKERS

Dederalobring

If more banks are peeled, address State Registrar, W. W. Saratoga St., Palto., Requesting V. S. No. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs: For persons who have no occupation But in many Grocery;

Strtement of Cause of Death—Name, first, the DISEARE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

(Recommendations on statement of cause of death letalus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on Nomenclature Chronic etc. The contributory affection need not be valvular heart Measles; disease;

B

STATE OF	MARYLAND—CERTIFICATE OF DEATH
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04350

1. PLACE OF DEATH	(107-0)	
county Caroline	Registration Dist. No. le H	
Village or City L'ederalshurg	No. St., Ward	
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.	
0, 12, 07		
2. FULL NAME ALMAND AND THE AN	OL Ward	
(a) Residence: No. 2'2 der als mar a (Usuai place of appde)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Manth) (Pay) (Year)	
5a. If married, widowed, or divorced HUSBANO of Gourse B. Wright.	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) Mar. 16" 1853	I last saw her alive on 4/187 ,1937; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11-30 H-m.	
78 1 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Abube - 110()	Bronchs Premmens 4/14/3	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	70-00-00	
10. Oate deceased last worked at this occupation (month and spant in this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME Perry D. Saylor. 14. BIRTHPLACE (city or town)	Name of operation Oate of	
(State or country) Mary and	What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME Colinabeth Cover	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Colinabeth Correy	Accident, suicide, or homicide?	
(State or country) Many Land.		
17. INFORMANT James B. Wright.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Stederal Tura, Wid. 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place D'e de la colorina Madate Dhr. 20, 1981.	- Nature of injury	
10 HNDEPTAKED AT, T'S QUILLOU X SOU.	24. Was disease or injury in any way related to occupation of deceased? Zw	
19. UNDERTAKER A. S. auchtor 2011. (Addiess) L'eder als Prisa Lud.	If so, specify	
20. FILED CONT. 1931 Attack Registrar.	(Signed) WSSurly M. D. (Ardress) Zellialding und	
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of	Example II	
Example I The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NAY 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial dephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DULLAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

04357

STATE OF MARYLAND CERTIFICATE OF DEATH

5 Bu		Registration Dist. No. 6
Village or Stylear Jedgelsko. 2FULL NAME John 6	Elleri	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICU	J'ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED CR DIVORCEI (Write the word		18 DATE OF DEATH About 12 1923/ Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day)	1860 (Year	that I last on when alive on The 25, 1931
7 AGE // yre. mos. & d	If LESS than I dayhrs.	and that death occured on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	·//	Carbral Teunstye - (Duretion) y 20 mas do
9 BIRTHPLACE (State or country) Sugary Country 10 NAME OF FATHER TELEGY MAIN	Pale	Contributory Secondary (Diffetion) (Signed) M. D
IN BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	lacing	*State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country)	right	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of death yrs
(Informant) Purs Hue No My KNOW (Address) Pringle	rles	if not at place of death? Former or usus) residence
Filed Offe 14 193 JODAN	Registra:	Jundertiken Address Develow
If more blanks are needed, address	State Registrar,	As W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the dutics of the Never return 'Laborer," "Foreman," "Lanager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, et . But in many Physician, Compositor, Architect, the first line will be sufficient, a.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Lousekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on or At Home, Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile fectory. and children, not gainfully em-Laborer-Coul mine, etc. Locomotive engineer, The (b) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrosping I fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; "obar pronumonia, Bronchopneumonia ("Pneumonia,")

4

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonacum, etc., Carcinoma, Sarcona,, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meastes, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on statement of cause of carbolic acid-probably su cide. Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), cough; Chronie affection etc. The contributory The nature of the injury, valvular heart need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Won-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a worked on may form part of the second statement report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tetunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Inamorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.